

Suzy Lee, M.A., LMFT #52675
530 Plaza Drive, Suite 130
Folsom, California 95630
(916) 799-1644

Suzy Lee Counseling in my private practice, in which I am a Licensed Marriage and Family Therapist. In addition, I am also the director of The Place Within Counseling Folsom, a non-profit counseling center.

HIPPA & Confidentiality:

What is revealed in this setting is protected by professional and ethical standards. Your private information is held as confidential and will not be released without your written consent except information related to suspected child abuse, elder abuse, being a danger to yourself or others or if a court of law orders the release of specific information.

I am willing to maintain contact with you via text, email or other electronic means to set up appointments, but I can't be certain that this information will not be intercepted. I will do my part to protect your confidentiality.

____ Please initial here if you understand the risks of communication with me by electronic means, and still wish to do so. Your initials indicate that you understand the risk, and consent to electronic communication.

Fees and Payment:

My fee is \$125 per 50 minus session. Payment is due at each session. I accept cash, check and credit/debit cards.

Cancellations:

Cancellations must be made 24 hours in advance. If an appointment is cancelled or missed without 24 hours notice, you will be charged your usual session fee for that missed session.

Your Counseling Experience:

Counseling is a unique and highly individualized experience. It is an opportunity to learn about your self, your relationships, and the world around you. Most people seeking counseling are hoping for improvement in at least one area of their life. You can increase your chances of success in counseling by being committed to the process. You are encouraged to give feedback and let me know what is working or not working for you. Although you may want immediate relief, it is common for symptoms to get worse before they get better. Remember that it took time for your problems to develop and it may also take time for you to begin to feel better.

Counseling involves change, which may feel threatening, not only to you, but also to those close to you. The prospect of giving up old habits, no matter how destructive or painful, can often make you feel vulnerable. At the same time, counseling can aid you in discovering tools and techniques, which can be used to improve the quality of your life and relationships. As the person involved in this process, you have the right to ask me questions about the process or about my professional experience, background or theoretical approach to therapy.

Client Signature _____

Partner's Signature _____

Date _____

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Name: _____ Date of Birth: _____
Partner's Name: _____ Date of Birth: _____
Address: _____ Gender: _____
City/State/Zip: _____ Email: _____
Home Phone: _____ Cell Phone: _____
Partner's Cell Phone: _____ Partner's Email: _____
Ok to leave a message? _____

If Minor, please list legal guardians/parents:

Name: _____ Telephone: _____
Name: _____ Telephone: _____

Marital Status:

- Never Married Domestic Partnership Married
 Separated Divorced Widowed

Children/Ages: _____

Siblings/Ages: _____

Occupation: _____ Education: _____
Referred by: _____ Previous Counseling: _____
Emergency Contact (Name & #): _____
Current Medications: _____
Primary Care Physician: _____ Phone: _____
Alcohol Use (frequency/amount): _____
Drug Use (frequency/amount): _____

Reason for seeking therapy at this time: _____

What would you like to accomplish from your time in therapy? _____

Spiritual or Religious Affiliation? _____

What are your strengths? _____

Weaknesses? _____

Do you exercise regularly (how often?): _____

How would you rate your sleeping habits?

- Poor Unsatisfactory Satisfactory Good Excellent